## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

RECOMB No. 2040-0004

DMR Mailing ZIP CODE:

MAR 1 4 2016

(SUBR 01)

U.S. EPA REGION 10
External Office of Compliance and Enforcement

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
	100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	安存农政政故	त्रीय प्रीय प्रीय प्रीय प्रीय प्रीय	*****	ste ste de ste ste ste	8.2	9.9	Deg C	no	weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	र्शन की की की की की	ale ale ale ale ale ale	12.97	13.04	the the the the the	mg/L	no	monthly	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste ste	ste ste ste ste ste	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	****	mg/L		Monthly	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	182.9	143.1	lb/d	****	12.07	13.2	mg/L	no	weekly	comp 24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	ste ste ste ste ste ste	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	2274.8	ste ste ste ste ste	lb/d	percentant	209.8	destributes	mg/l	no	weekly	comp 24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	tetetetete	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	ste ste ste ste ste	非非常教育	ste ste ste ste ste ste	6.5	*****	7.86	su	no	weekdays	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	ste ste ste ste ste ste	gle sle sle gle gle gle	प्रदेश प्रदेश प्रदेश प्रदेश प्रदेश	र्थन के के के के के	73.7	75:7	mg/L	no	once per 2 months	comp24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	*****	de de de de de	ate the ste the ste	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	109.9	180.1	lb/d	જેર જેર જેર જેર જેર જે	7.75	9.0	mg/L	no	Weekly	comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	物物物物物物	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather in information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1613 3/15/16 JA

NUMBER

TELEPHONE

208-245-1930

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

UTHORIZED AGENT

DATE

MM/DD/YYYY

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

02/01/2016

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

02/29/2016

DMR Mailing ZIP CODE: 83861

MINOR SAME 1 4 2016

External Outfalls. EPA REGION 10

Office of Compliance Nor Discharge men

190-40-257-5-1-0		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5166.2	法法法法法	lb/d	杂杂杂杂杂杂	476.5	nnnan	mg/L	no	Weekly	Comp24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	the the the the trie the	lb/d	ple ale ale ale ale ale	Req. Mon. MO AVG	nana	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	有方方在女方	****	sterite de de de de	ste ste ste ste ste	5.42	6.42	mg/l	no	weekly	comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	nnin	****	****	***	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	的内容存在	*****	*****	非抗致抗抗抗	7.94	7.94	mg/l	по	monthly	comp24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	ste tie de de de de	有有有有有	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	在存货收货款	存安存安存	*****	音吹音音音	,274	,274	mg/L	ро	monthly	comp24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	the the the the tree tre	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	ste de de de de de	ale ale ale ale ale ale	*****	按抗抗抗抗抗	1.54	1.54	mg/L	no	Monthly	Comp24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	ste ste ste ste ste ste	भी भी भी भी भी भी भी	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	ste de de de de de	ste ste ste ste ste ste	ste ste vie ste ste	法法法法法法	45.4	45.4	mg/l	по	once per 2 months	comp24
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	ate ate ate ate ate ate	放射放射物物	ste ste ste ste ste ste	sterite ite ite ite	Ø	Ø	mg/L	пū	twice per year	comp24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	ste ste ste ste ste	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	1/ 20 00	TELEPHONE	DATE
11 11 /11	personner property gamer ame evaluate right information submitted, based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208/2.46/1930 AREA Code NUMBER	03/09/15 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2016 02/29/2016

Form Approved OMB No. 2040-0004

RECEIVED

DMR Mailing ZIP CODE:

MINOF (SUBR D1)

MAR 1 4 2016

External Outfall

U.S. EPANREDIsphange
Office of Compliance and Enforcement

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC- MF	SAMPLE MEASUREMENT	the six the six six six	<b>拉拉拉拉拉</b>	*****	****	2.6	8	#/100ml	no	Five per month	Grab
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	######	the the the the the	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	3.2	MGD	按按按按按	如故物物物	de de de de de	steptestestestes	по	Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	telebelek	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	3.8	lb/d	*****	0.12	0,24	mg/L	no	five per week	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5- day, percent removal	SAMPLE MEASUREMENT	de de de de de de	de de de de de de	yte site yte site site site	91	*****	ate ate ate ate ate	%	no	weekly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	ste ste ste ste ste	****	to the to the tele the	85 MINIMUM	****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	存在存在存	********	ste ste ste ste ste	98	非常的故意的	拉拉拉拉拉拉	%	no	Weekly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	存在存在存在	85 MINIMUM	*****	*****	%	E 8_	Weekly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, acrate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 03/09/19 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)